

State: Mississippi

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VII)  
of the Act

Division of  
Medicaid

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☐ The State covers all individuals as described above.

☒ The State covers only the following group or groups of individuals:

- ☒ Aged
- ☒ Blind
- ☒ Disabled
- ☐ Individuals under the age of--
  - ☐ 21
  - ☐ 20
  - ☐ 19
  - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

\*Agency that determines eligibility for coverage.

TN No. 93-11

Supersedes

TN No. 92-03

Approval Date AUG 16 1993

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Effective Date ~~05-01-93~~ APR 1 1993

HCFA ID: 7983E

DEI HCF.  
6-6-93

State: Mississippi

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.220	<input type="checkbox"/> 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.
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☐ The State covers all individuals as described above.

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

☐ The State covers only the following  
group or groups of individuals:

- ☐ Individuals under the age of--
  - ☐ 21
  - ☐ 20
  - ☐ 19
  - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR 435.222  
1902(a)(10)  
(A)(ii) and  
1905(a)(i) of  
the Act  
Dept. of Human Services

7. ☒ a. All individuals who are not  
described in section  
1902(a)(10)(A)(i) of the Act, who  
meet the income and resource  
requirements of the AFDC State  
plan, and who are under the age of:

- ☐ 21
- ☐ 20
- ☐ 19
- ☒ 18

\*Agency that determines eligibility for coverage.

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TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
Supersedes		
TN No. <u>87-5</u>	Date Received <u>2-19-93</u>	HCFA ID: 7983E

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State: Mississippi

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.222  
Dept. of Human Services

7. /x/ b. Reasonable classifications of individuals described in (a) above, as follows:

x (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

x (a) In foster homes (and are under the age of 21).

x (b) In private institutions (and are under the age of 21).

— (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of     ).

x (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).

— (3) Individuals in NFs (who are under the age of     ). NF services are provided under this plan.

— (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of     ).

\*Agency that determines eligibility for coverage.

TN No. 92-03

Approval Date 4-19-93

Effective Date 1-1-92

Supersedes

TN No. 87-5

Date Received 1-27-92

HCFA ID: 7983E

State: Mississippi

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

\*Agency that determines eligibility for coverage.

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TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
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TN No. <u>NEW</u>	Date Received <u>1-27-92</u>	HCFA ID: 7983E

State: Mississippi

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

Dept. of Human Services

- ☒ 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--
- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
  - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

☒ 21  
☐ 20  
☐ 19  
☐ 18

\*Agency that determines eligibility for coverage.

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TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92'</u>
Supersedes		
TN No. <u>86-9</u>	Date Received <u>1-27-92</u>	HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
1991

ATTACHMENT 2.2-A  
Page 14a  
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State: Mississippi

Agency\* Citation (s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.223

  / 9. Individuals described below who would be eligible  
for AFDC if coverage under the State's AFDC plan  
were as broad as allowed under title IV-A:

1902(a)(10)  
(A)(ii) and  
1905(a) of  
the Act

- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

**\*Agency that determines eligibility for coverage.**

TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
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TN No. <u>NEW</u>	Date Received <u>1-27-92</u>	HCFA ID: 7983E

State: Mississippi

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230

☒ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
  - ☐ (1) All aged individuals.
  - ☐ (2) All blind individuals.
  - ☐ (3) All disabled individuals.

**\*Agency that determines eligibility for coverage.**

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TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
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State: Mississippi

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |                |   |   |
|----------------|---|---|
| 42 CFR 435.230 | — | (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.                             |
|                | — | (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                            |
|                | — | (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                         |
|                | — | (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
|                | — | (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.     |
|                | — | (9) Individuals in additional classifications approved by the Secretary as follows:   |

\*Agency that determines eligibility for coverage.

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TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
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TN No. <u>86-9</u>	Date Received <u>1-27-92</u>	HCFA ID: 7983E

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1991

ATTACHMENT 2.2-A  
Page 16a  
OMB NO.: 0938-

State: Mississippi

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Agency*	Citation(s)	Groups Covered
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42 CFR 435.230

B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes.

☐ No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

**\*Agency that determines eligibility for coverage.**

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State: Mississippi

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230  
435.121  
1902(a)(10)  
(A)(ii)(XI) of the Act

11. Section 1902(f) States and SSI criteria States  
without agreements under section 1616 or 1634  
of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
  - (1) All aged individuals.
  - (2) All blind individuals.
  - (3) All disabled individuals.

**\*Agency that determines eligibility for coverage.**

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TN No. <u>92-03</u>	Approval Date <u>4-19-93</u>	Effective Date <u>1-1-92</u>
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